

Released under the John F. Kennedy  
Assassination Records Collection Act of  
1992 (44 USC 2107 Note). Case#:NW  
88613 Date: 03-18-2025

JFK ASSASSINATION SYSTEM  
IDENTIFICATION FORM

-----  
AGENCY INFORMATION

AGENCY : INSCOM/CSF  
RECORD NUMBER : 194-10001-10496  
RECORDS SERIES : FOREIGN PERSONNEL AND ORGANIZATIONS  
AGENCY FILE NUMBER : AB632604W - PAGES 76-79  
-----

DOCUMENT INFORMATION

ORIGINATOR :  
FROM : EDIFANIO ROMERO-DELGADO  
TO :  
TITLE : DD FORM 398 - STATEMENT OF PERSONAL HISTORY  
DATE : 01/18/63  
PAGES : 4  
SUBJECTS : ROMERODELGADO, EPIFANIO  
  
DOCUMENT TYPE : PAPER, TEXTUAL DOCUMENT  
CLASSIFICATION : UNCLASSIFIED  
RESTRICTIONS : 3  
CURRENT STATUS : RELEASED WITH DELETIONS  
DATE OF LAST REVIEW : 03/07/95  
OPENING CRITERIA :  
COMMENTS :

## STATEMENT OF PERSONAL HISTORY

**INSTRUCTIONS:** Read the certification at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

1. (Print) FIRST NAME--MIDDLE NAME--MAIDEN NAME (If any)--LAST NAME MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> <b>Edifanio ROMERO-Delgado</b>						2. STATUS <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY ON ACTIVE DUTY	
3. ALIAS(ES), NICKNAME(S), OR CHANGES IN NAME (Other than by marriage) <b>Piche</b>				4. PERMANENT MAILING ADDRESS <b>1140 SW 9th St., Miami, Fla.</b>			
5. DATE OF BIRTH (Day, month, year) <b>21 Jan 1936</b>		PLACE OF BIRTH (City, County, State, and Country) <b>Candelario, PinardelRio, Cuba</b>		PLACE CERTIFICATE RECORDED <b>Candelario, PinardelRio, Cuba</b>			
RACE <b>Cau</b>	HEIGHT <b>66"</b>	WEIGHT <b>165</b>	COLOR OF EYES <b>Brown</b>	COLOR OF HAIR <b>Brown</b>	SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS <b>NONE</b>		
6. DO YOU HAVE A HISTORY OF MENTAL OR NERVOUS DISORDERS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF HABIT FORMING DRUGS SUCH AS NARCOTICS OR BARBITURATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER TO EXCESS OF ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20.							
7. U. S. CITIZEN <input type="checkbox"/>		NATIVE <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NATURALIZED, CERTIFICATE NO.		IF DERIVED, PARENTS' CERTIFICATE NO(S).	
ALIEN <input checked="" type="checkbox"/>		REGISTRATION NO. <b>A13 108 636</b>		NATIVE COUNTRY <b>Cuba</b>		DATE AND PORT OF ENTRY <b>21 Sept 1962 Texas</b>	
DO YOU INTEND TO BECOME A U. S. CITIZEN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
8. MILITARY SERVICE							
ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U. S. ARMED FORCES DRAWING FULL PAY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:							
GRADE AND SERVICE NO.		SERVICE AND COMPONENT		ORGANIZATION AND STATION		DATE CURRENT ACTIVE SERVICE STARTED	
ARE YOU PRESENTLY A MEMBER OF A U. S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:							
GRADE AND SERVICE NO.		SERVICE AND COMPONENT		ORGANIZATION AND STATION OR UNIT AND LOCATION			
HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY, DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:							
COUNTRY	SERVICE	COMPONENT	FROM (Date)	TO (Date)	TYPE DISCHARGES OR SEPARATIONS--GRADE AND SERVICE NO.		
9. EDUCATION (Account for all civilian schools and military academies. Do not include service schools)							
MONTH AND YEAR		NAME AND LOCATION OF SCHOOL			GRADUATE		
FROM--	TO--				YES	NO	
<b>Sep 46</b>	<b>Jun 49</b>	<b>Escuela Publica San Cristobal</b>					
10. FAMILY (List in order given, parents, spouse, guardians, stepparents, foster parents, parents-in-law, former spouse(s) (if divorced give date and place), children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U. S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance.)							
RELATION AND NAME		DATE AND PLACE OF BIRTH		PRESENT ADDRESS, IF LIVING		U. S. CITIZEN	
						YES	NO
FATHER <b>Felipe Romero</b>		<b>date unknown</b> <b>Conzolaciondel Sur, Cuba</b>		<b>DECEASED</b>			<b>X</b>
MOTHER (Maiden name) <b>Sagunda Delgado</b>		<b>date unknown</b> <b>" " "</b>		<b>Finca Sabana La Mar</b> <b>SanCristobalPinardelRio, Cuba</b>			<b>X</b>
SPOUSE (Maiden name) <b>Ilda Martinez</b>		<b>1 Feb 1936 Candelaria</b> <b>PinardelRio, Cuba</b>		<b>" " " "</b>			<b>X</b>
OTHER (Specify) <b>Arturo Romero Son</b>		<b>9 May 1962 San Cristobal</b> <b>Pinar delRio, Cuba</b>		<b>" " " "</b>			<b>X</b>
<b>Balerio Romero B</b>		<b>Finca Sabana La MarSan</b> <b>CristobalPinardelRioCuba</b>		<b>" " " "</b>			<b>X</b>
<b>Jose Manuel Romero B</b>		<b>" " "</b>		<b>" " " "</b>			<b>X</b>
<b>Aniceto Romero B</b>		<b>" " "</b>		<b>" " " "</b>			<b>X</b>
<b>Santiago Romero B</b>		<b>" " "</b>		<b>" " " "</b>			<b>X</b>

11. OTHER RELATIVES AND ALIEN FRIENDS LIVING IN FOREIGN COUNTRIES (List grandparents, first cousins, aunts, uncles, brothers- and sisters-in-law, and other persons with whom a close relationship existed or exists)					
RELATIONSHIP AND NAME		AGE	OCCUPATION	ADDRESS	CITIZENSHIP
Juan Delgado		U 36	farmer	Consolacion del Sur, Cuba	Cuban
Pedro Delgado		U 38	"	Candelaria Pinardel Rio, Cuba	"
Francisco Delgado		U 40	"	Santa Cruz Pinardel Rio, Cuba	"
Niebe Delgado		A 39	housewife	" " " "	"
Maria Delgado		A 39	"	" " " "	"
12. FOREIGN TRAVEL (Other than as a direct result of United States military duties)					
DATES		COUNTRY VISITED		PURPOSE OF TRAVEL	
FROM—	TO—				
29 Aug 62	21 Sep 62	Mexico		in transit to USA	
13. EMPLOYMENT (Show every employment you have had and all periods of unemployment)					
MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER		NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING
FROM—	TO—				
Feb 59	Jan 60	Equipos Presada Pinardel Rio, Cuba		Nestor Prieto	Political reasons
DID ANY OF THE ABOVE EMPLOYMENTS REQUIRE A SECURITY CLEARANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DO YOU HAVE ANY FOREIGN PROPERTY OR BUSINESS CONNECTIONS, OR HAVE YOU EVER BEEN EMPLOYED BY A FOREIGN GOVERNMENT, FIRM, OR AGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HAVE YOU EVER BEEN REFUSED BOND? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20.				SOCIAL SECURITY NO.  463-74-2051	
14. CREDIT AND CHARACTER REFERENCES (Do not include relatives, former employers, or persons living outside the United States or its Territories.)					
NAME (List 3 credit and 5 character)		YEARS KNOWN	STREET AND NUMBER (Business address preferred)	CITY	STATE OR TERRITORY
NONE					
Juan Noriega		10	1040 15th St. Apt #15	Miami Beach	Fla.
Gustado Acosta		10 mo	1140 SW 9th St.	Miami	"
REMARKS.					



19. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES OR UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO TAKE OR WHICH MIGHT REQUIRE FURTHER EXPLANATION? ☐ YES ☒ NO IF "YES," GIVE DETAILS

20. REMARKS

ITEM #10

Fernando Romero B San Cristobal Pinardel Rio San Cristobal Pinardel Rio, Cuba  
Finca Santa Amalia Sabana La Mar

Sabina Romero S " " " " " " "

Augustina Romero S " " " " " " "

I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH (See U. S. Code, title 18, section 1001)

DATE

18 Jan 63

SIGNATURE OF PERSON COMPLETING FORM

*Chelamis Romero Delgado*

TYPED NAME AND ADDRESS OF WITNESS

LUIS A. ZAYAS, MSGT, AFES&IS, CORAL GABLES, FLA.

SIGNATURE OF WITNESS

*Luis A. Zayas*

21.

THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION

BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS

79

RECORD OF PRIOR CLEARANCES

DATE OF CLEARANCE	TYPE OF CLEARANCE	AGENCY THAT COMPLETED INVESTIGATION

REMARKS